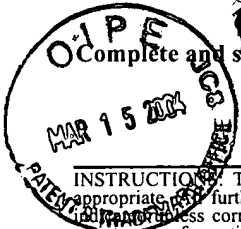


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

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24256 7590 12/11/2003

**DINSMORE & SHOHL, LLP**  
**1900 CHEMED CENTER**  
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<b>Laureen E. Fessenden</b>	(Depositor's name)
<i>Laureen E. Fessenden</i>	(Signature)
<b>March 11, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/616.638	07/26/2000	Percy Bennwik	10806-109	8709

TITLE OF INVENTION: LIQUID DELIVERY CONTAINER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOGART, MICHAEL G	3761	604-296000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Pharmacia AB**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Stockholm, Sweden**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) *Holly D. Kozlowski* (Date) Mar. 11, 2004  
**Holly D. Kozlowski, Reg. 30,468**

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